Name

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

OF COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

Augusta Maine 04333 Mail: 135 State House Station, Augusta, Maine 04333

> Office: M House

District

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Office: 45 Memorial Circle, Augusta, Maine

FEB 1 2 2010

MAINEETHICS COMMISSION

Website: www.maine.gov/ethics

Phone: 207-287-4179 Fax: 207-287-6775

☐ Senate

## 2009 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2009 through December 31, 2009

Please file this statement with the Clerk of the House or the Secretary of the Senate by 5:00 p.m. on February 19, 2010. Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations.

LEGISLATOR INFORMATION

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| City, zip code   |  | Phone  |
| IGORNAM M  | AINE   | 839-3880   |
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|  |  | anne de Calle 1970 (1974), se estado de consente comen a called de consente de consente de called de |
| PART 1. INCOMI   | E DERIVED FROM EMPLOYMENT BY ANO   |  |
| List the name and address of each employer from  | n whom you received as many and a first of 04 000  | 字唱傳播的 (李·精·維·特克 ) 岩 到羅賴斯特問題,首 5  |
| economic activity of each employer.  | m whom you received compensation of \$1,000 or   | more. Specify the principal type of  |
| and the state of t |  |  |
| Name of Employer   | Address  | Principal Type of Economic   |
| e antoni e antoni e antoni e e an | SURLES (1) 1. 마바다 아래를 잃었습니다. 아마라를 가게 생각하는 것 같습니다.  | Activity of Employer   |
|  | 14 SH3   | ·  |
| Stat- CM   | 1 - + 1  |  |
| STATE OF MAINE   | 14 SHS<br>Augusta  | Legislator   |
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|  |  |  |
| PART 2 INC   | OME DERIVED FROM SELF-EMPLOYMENT   | <u> </u>   |
| (For   | Legislators who are self-employed.)  |  |
| A. List the name and address of your business, if  |  | £  |
| associated with a partnership, firm, professional a  | ssociation, or similar business entity, list the major   | from which you derived income. If  |
| entity.  | , and major  | a areas of economic activity of that   |
| in approach  | The Control of the Co | The Action of the second of th |
| Name and Address of Business English   | Major Areas of Economic Activity   | Major Areas of Economic Activity   |
| Name and Address of Business Entity  | (self)   | (partnership, association or similar   |
|  |  | business entity)   |
| Name:  |  |  |
| Address:   |  |  |
|  |  |  |
| Name:  |  |  |
|  |  |  |
| Address:   |  |  |
|  |  |  |
|  |  |  |

| PART 2 (continued). INCOME DERIVE (For Legislators who are  |  |
|---|--|
| B. List each source of income derived from self-employment that represe greater, and specify the principal type of economic activity of the entity disclosure is prohibited by law, rule, or an established code of professional entity or person from whom the income was derived. | or person from whom you derived such income. If this form of   |
| Name and Address of Source  | Principal Type of Economic<br>Activity of Entity or Person Who is<br>the Source of the Income  |
| Name:   | anne - Carata de la comenzación de la Compansión de la contractión de la contractión de la compansión de la co<br>La compansión de la compa |
| Address:  | • • • • • • • • • • • • • • • • • • •  |
| Name:   | T T T T T T T T T T T T T T T T T T T  |
| Address:  |  |
| PART 3. MAJOR AREA:  (For Legislators who are atto  List your major areas of practice. If associated with a law firm, list the major  Name:  Address:   | meys-at-law only:)   |
| Name:   |  |
| Address:  |  |
| PART 4. OTHER SOURCE  List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 or  Name and Address of Source   | 的制度的现在分词使使使用的人的人的人的人的人的人的人的人的人的人的人的人的人的人的人的人的人的人   |
| Name: Wells Forg advisors Address: 2801 Market Street   | (investments, leases, etc.)  |
| Name: Fidology Mo 63/03  Address: 200 feberty St  Mew York My   | i muestaelle   |
| PART 5. REPORTABL   | E LIABILITIES  |
| List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more thareas of economic activity of each creditor. Do not list credit card liability of   |  |
| None  | Principal Type of Economic   |
| Name and Address of Creditor  | Activity of Creditor   |
| Name:   |  |
| Address:  |  |
| Name:   |  |

Address:

| PART   | S. REPORTABLE GIFTS  |  |   |
|--|--|--|---|
| List the specific source of each gift of more than \$300. Incone, check the box.   | clude gifts with an aggregat   | e value of more than \$300 from a single source.   | lf                                      |
| None   | and a management of the second statement of the second statement of the second second statement of the second seco | Bis the control of the state of | #11447FA                                |
| Name of Source of Gift   | nama anala militare e sala ye e na inaggipalimenan yana na piggepelakan malami.  | Name of Source of Gift   | BAUK                                    |
| 1. Women Hovernment  | 3.   | ant is the section of the contraction of the contra | \$                                      |
| 1. Women's Hovernment<br>2. MAINE POTATO BOARD PL  | p. Knapp4.<br>2/19/10  | n in providence where is the proper commission where the contract states which is the appears to that it is great to we will be  | 1%                                      |
| PART 7. R  | EPORTABLE HONORA   | RIA  | 1.4                                     |
| List the source of any honoraria accepted for appearances of   | r speeches related to your l   | egislative responsibilities. If none, check the box.   | -                                       |
| None   | от на под на<br>На под на под  | -  | arvanga                                 |
| Name of Source of Honoraria  | - Hillowithered Distriction and Section 2011 (1912) | Name of Source of Honoraria  | سپردام<br>اد                            |
| 1.   | 3.   | en e   | nzetwie                                 |
| 2.   | 4.   |  | */************************************* |
| PART 8: REPRESEN   | TATION BEFORE STAT   | FAGENCIES  | . Tjá                                   |
| List each executive branch agency before which you repres  | the second of the property and the second second section to the first and the second section section is a second section of the second section | "随来""生产的企业,我们都都有兴趣的问题,可能不断要求效整体的,这种对人的生态,,但是更加成就是这个人的经验的,还是不是不是一个一个特殊。"  | ≞≓j<br>e                                |
| None   | AM C.A. VIDERIIN TO THE  | and the state of t |   |
| Name of Agency   | And the state of t | Name of Agency   | sinyos<br>T                             |
| 1.   | 3.   | Mente of agonov  | Agi.                                    |
| 2.   | 4.   |  | en.comess                               |
|  |  |  |   |
| - 1987年 - 19 | IESS WITH STATE AGE  |  | Ţ.                                      |
| List each executive branch agency to which you or a memb \$1,000 during the reporting period. If none, check the box.  | er of your immediate family  | / sold goods or services with a value in excess o  | f                                       |
| None   |  |  |   |
| Name of Agency   | The second secon | Name of Agency   | e nepara                                |
| 1.   | 3.   |  | Neste                                   |
| 2.   | 4.   | To the control of the |   |
|  |  |  |   |
| PART 10. INCOME RECEIVI  | ED BY MEMBERS OF IN  | MEDIATE FAMILY   | -                                       |
| List the type of economic activity representing each source of dependent child(ren) during the reporting period and the kind or more of income, their name and job title are listed. Do not  | of income represented. If  | e received by your spouse or domestic partner or<br>your spouse or domestic partner received \$1,000   | ,                                       |
| Name of Spouled or Domestic Partner and Job Title  | Type of Economic Activity<br>Representing Source of<br>Income Received   | Relationship Kind of Income  |   |
| Name:  | 1.   | Spouse or  |   |
| Job Title:   | 2.   | Domestic 2.  |   |
|  | 3.   | Partner<br>3.  |   |
|  |  | Dependent<br>Child   |   |
| If dependent child(ren) receive more than \$1,000 of income for the reporting period, list only the type of economic   |  | Dependent  |   |
| activity and the kind of income.   |  | Child Dependent  |   |
|  |  | ,<br>Child   | 1                                       |

# PART 11. OFFICER OR DIRECTOR POSITIONS List any for-profit or nonprofit corporation, firm, association, partnership or business in which you or a member of your immediate family held any office, trusteeship, directorship, or position of any nature. Indicate whether you or a family held the position and whether the position was compensated. If a family member listed, indicate your relationship and the name of the family member, Organization/Business Position Held Family Member's Compen-Title and Address Name By: sated?

### SIGNATURE

A Legislator who willfully fails to file a required statement is subject to a fine of up to \$100. (1 M.R.S.A. § 1017-A)

The intentional filing of a false statement is a Class E crime. If the Commission concludes that it appears that a Legislator has willfully filed a false statement, it shall refer its findings of fact to the Attorney General. (1 M.R.S.A. § 1019)

fanel Knapp Signature

February 10, 2010

### ADDITIONAL INFORMATION

Please provide any additional information below (and on additional sheets if needed). Indicate the part or section number for the information you are providing.

Part/Section Number

investments